

Meeting Youth “Where They Are” to Promote Healthy Relationships

Jessica Seberger

Community Health Educator, Nebraska Reproductive Health

Today's Objectives

- Discuss the importance of providing youth with support to explore and navigate healthy relationships
- Discuss safe environments for the discussion of healthy relationships
- Discuss tools to use when having conversations with youth about healthy relationships
- Identify concepts to address when discussing healthy relationships with youth



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Where
are
youth?

Five Essentials for Healthy Adolescents

- Positive connections with supportive people
- Safe and secure places to live, learn, and play
- Access to high-quality, teen-friendly health care
- Opportunities for teens to engage as learners, leaders, team members, and workers
- Coordinated adolescent- and family-centered services, as needed



From Office of Adolescent Health: Think, Act, Grow 2015 Playbook
www.hhs.gov/ash/oah/tag

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Youth Development

- This is a natural process!
 - As we socialize youth, we encourage independence and growth
- Youth are generally healthy!
 - Challenges can sideline youth... behavioral and mental health problems, alcohol and drug misuse, injuries, violence, obesity, etc.

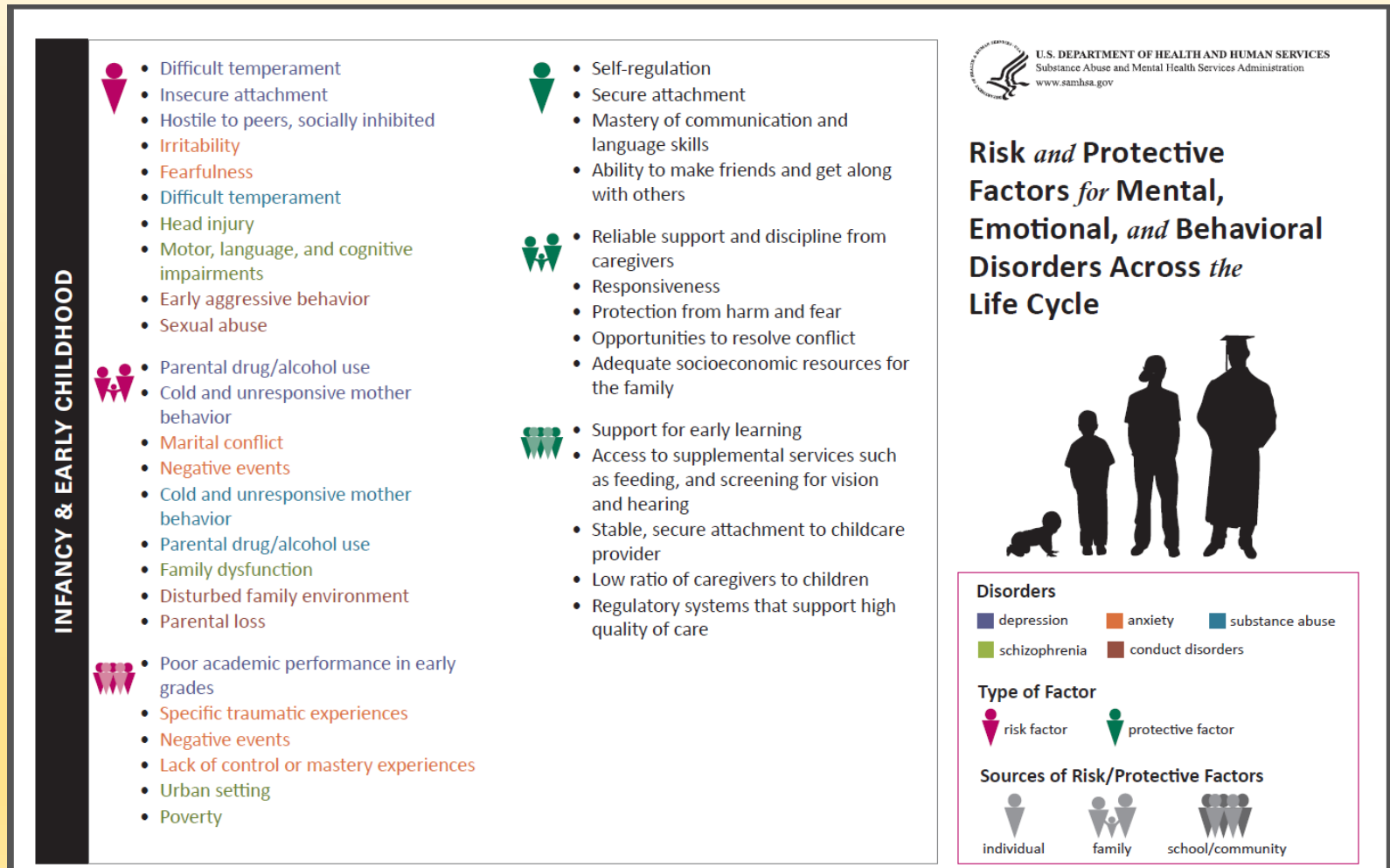


Youth Risk and Protective Factors

- Youth experiences can be influenced by peers, family, social networks, their community, etc.
- Risk and protective factors may influence youth development
 - These factors exist in five domains:
 - Youth
 - Family
 - Peer
 - Community
 - Society
- Growth, change, and development are a normal part of growing up
- Tool:
http://dhss.alaska.gov/dbh/Documents/Prevention/programs/spfsig/pdfs/IOM_Matrix_8%205x11_FINAL.pdf









Tool:

http://dhss.alaska.gov/dbh/Documents/Prevention/programs/spfsig/pdfs/IOM_Matrix_8%205x11_FINAL.pdf



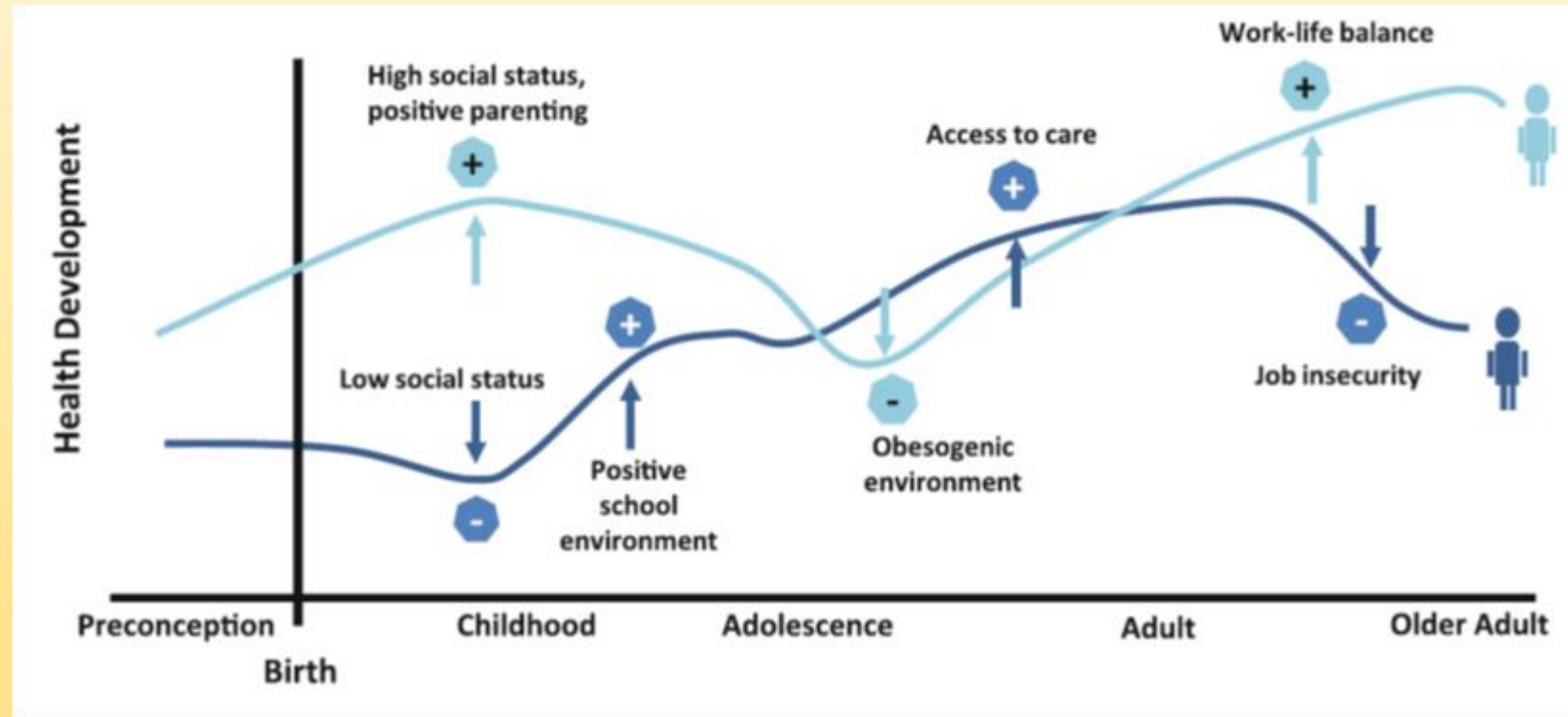
Tool:

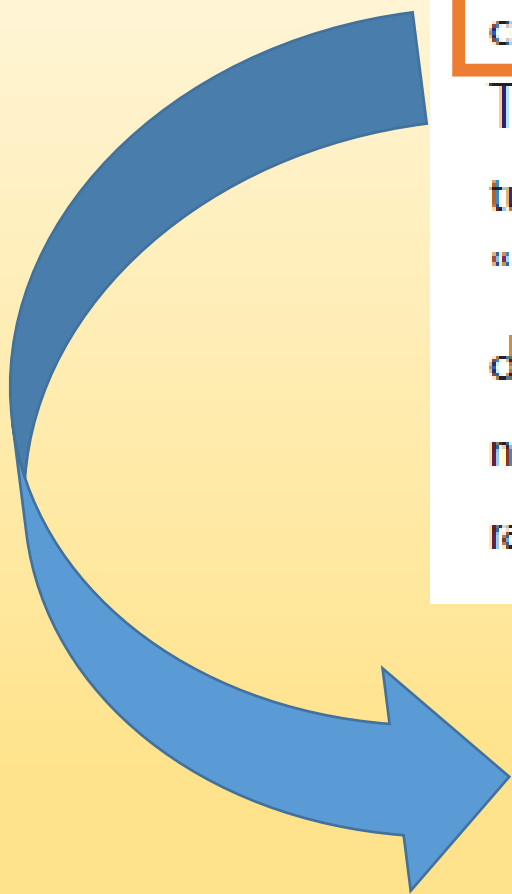
http://dhss.alaska.gov/dbh/Documents/Prevention/programs/spfsig/pdfs/IOM_Matrix_8%205x11_FINAL.pdf

Risk and Protective Factors for Mental, Emotional, and Behavioral Disorders Across the Life Cycle <i>(continued)</i>			
ADOLESCENCE			
	<ul style="list-style-type: none">• Female gender• Early puberty• Difficult temperament: inflexibility, low positive mood, withdrawal, poor concentration• Low self-esteem, perceived incompetence, negative explanatory and inferential style• Anxiety• Low-level depressive symptoms and dysthymia• Insecure attachment• Poor social skills: communication and problem-solving skills• Extreme need for approval and social support• Low self-esteem• Shyness• Emotional problems in childhood• Conduct disorder• Favorable attitudes toward drugs• Rebelliousness• Early substance use• Antisocial behavior• Head injury• Marijuana use• Childhood exposure to lead or mercury (neurotoxins)	<p><i>(family risk factors continued)</i></p>  <ul style="list-style-type: none">• Marital conflict• Family conflict• Parent with anxiety• Parental/marital conflict• Family conflict (interactions between parents and children and among children)• Parental drug/alcohol use• Parental unemployment• Substance use among parents• Lack of adult supervision• Poor attachment with parents• Family dysfunction• Family member with schizophrenia• Poor parental supervision• Parental depression• Sexual abuse	<p><i>(school/community risk factors continued)</i></p>  <ul style="list-style-type: none">• Urban setting• Poverty• Associating with deviant peers• Loss of close relationship or friends
		 <ul style="list-style-type: none">• Positive physical development• Academic achievement/intellectual development• High self-esteem• Emotional self-regulation• Good coping skills and problem-solving skills• Engagement and connections in two or more of the following contexts: school, with peers, in athletics, employment, religion, culture	
	 <ul style="list-style-type: none">• Family provides structure, limits, rules, monitoring, and predictability• Supportive relationships with family members• Clear expectations for behavior and values		
	<ul style="list-style-type: none">• Parental depression• Parent-child conflict• Poor parenting• Negative family environment (may include substance abuse in parents)• Child abuse/maltreatment• Single-parent family (for girls only)• Divorce	 <ul style="list-style-type: none">• Peer rejection• Stressful events• Poor academic achievement• Poverty• Community-level stressful or traumatic events• School-level stressful or traumatic events• Community violence• School violence• Poverty• Traumatic event• School failure• Low commitment to school• Not college bound• Aggression toward peers• Associating with drug-using peers• Societal/community norms about alcohol and drug use	 <ul style="list-style-type: none">• Presence of mentors and support for development of skills and interests• Opportunities for engagement within school and community• Positive norms• Clear expectations for behavior• Physical and psychological safety

Life Course Trajectories

- Youth's experiences set them on a course for failure or success
- Depend on:
 - Life long development
 - Historical time and place
 - Timing
 - Sensitive periods
 - Transition periods
 - Getting a job
 - Going to college
 - Moving out
 - Human agency
 - Turning points
 - Linked lives





Positive Youth Development (PYD) is based on the belief that, given guidance and support from caring adults, all youth can grow up healthy and happy, making positive contributions to their families, schools, and communities.

The approach favors leadership and skill-building opportunities, such as Boys and Girls Clubs and 4-H. Unlike “deficit-based” programs that focus narrowly on issues like drug abuse and teen pregnancy prevention, PYD does not address youth primarily as problems to be solved, but rather assets to be developed.

- PYD involves 40 developmental “assets” that are provided from external and internal supports
- The “five Cs” are developed over the course of childhood and early adolescence: competence, connection, character, confidence, and caring/compassion.

PYD Resources

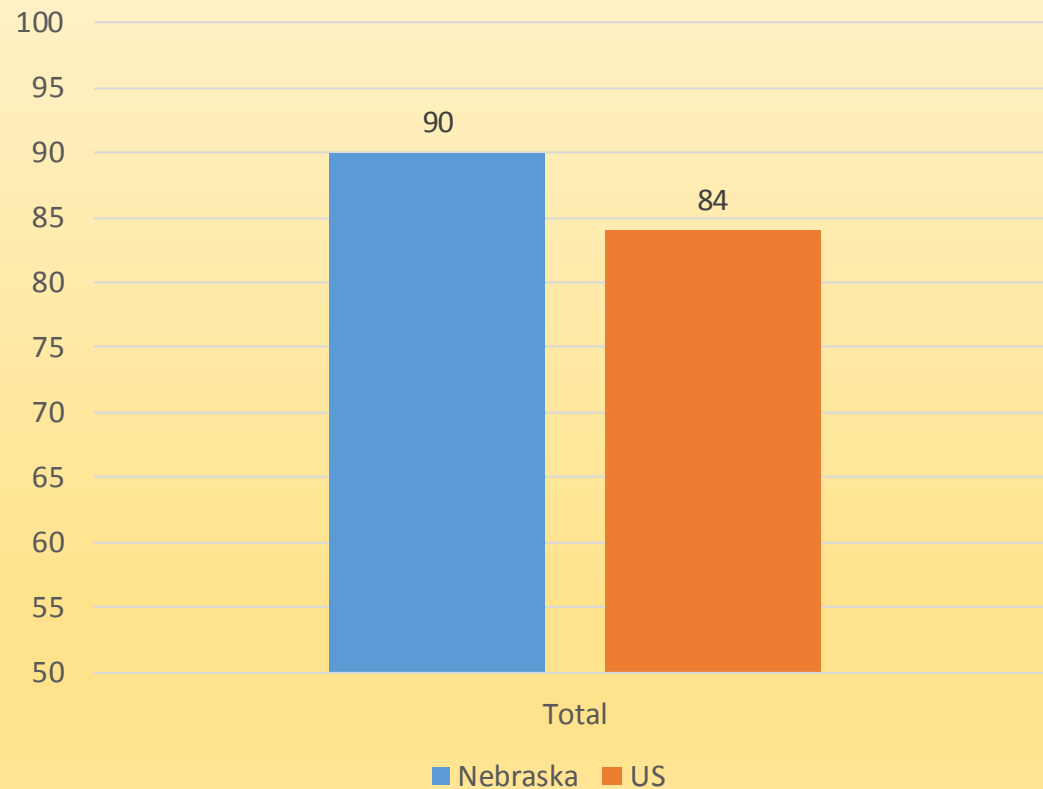
- Putting Positive Youth Development Into Practice: A Resource Guide
 - <http://ncfy.acf.hhs.gov/sites/default/files/PosYthDevel.pdf>
- General Youth Development
 - http://www.hhs.gov/ash/oah/resources-and-publications/publications/positive_youth_development.html#General Youth Development
- (Free) Positive Youth Development Training Module
 - <http://ncfy-learn.jbsinternational.com/course/index.php?categoryid=7>

Positive youth development models can greatly increase the effectiveness and impact of work with adolescents. A suggested formula³⁶ is:

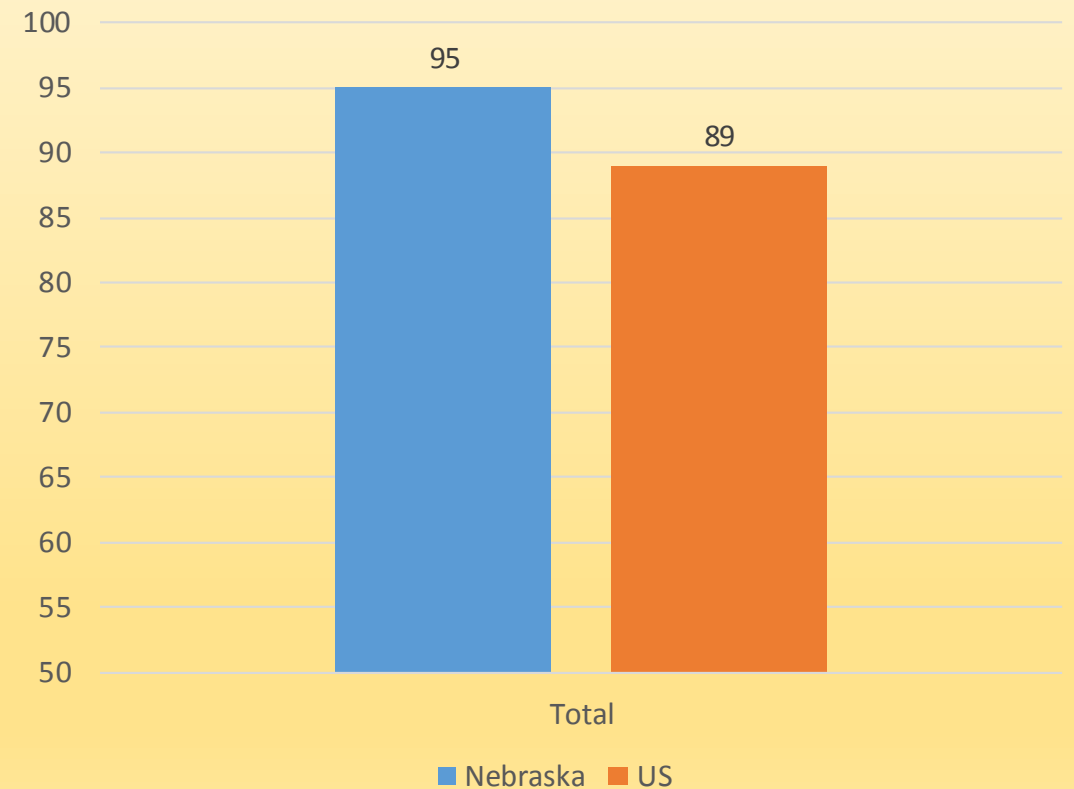
$$\begin{array}{c} \text{Positive experiences} \\ + \\ \text{Positive relationships} \\ + \\ \text{Positive environments} = \\ \text{Positive youth development.} \end{array}$$

Parent Report - Support in Nebraska

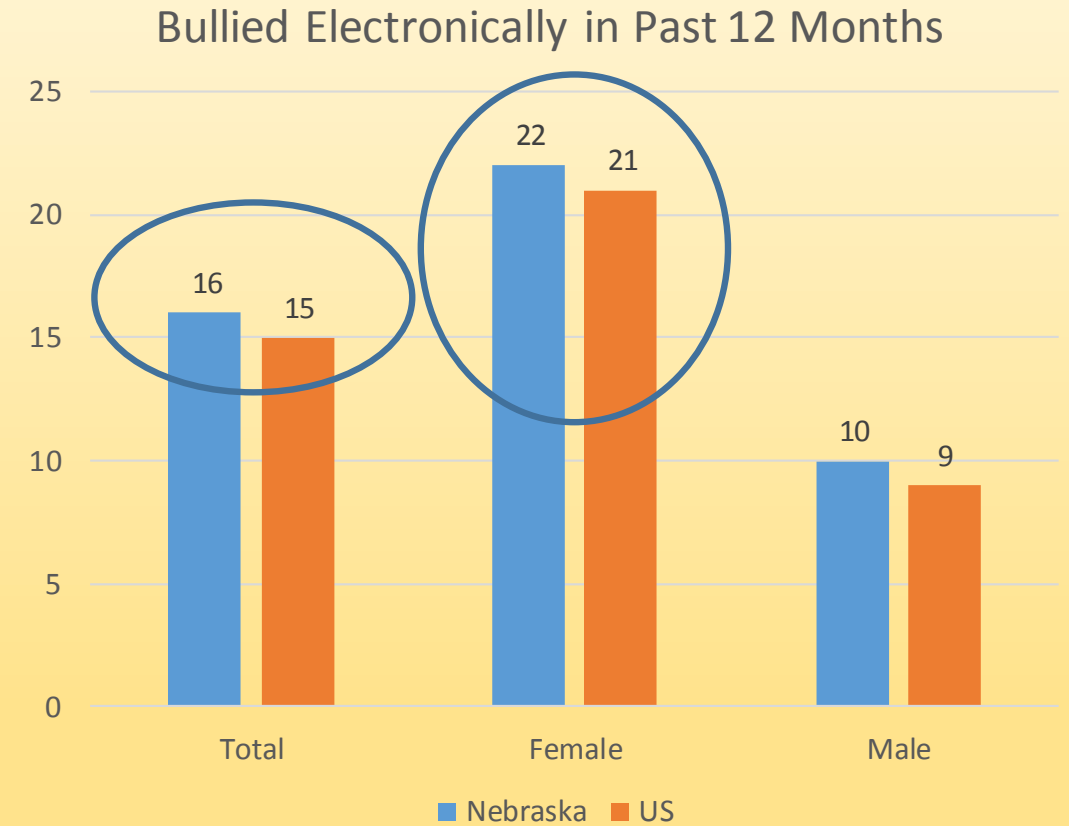
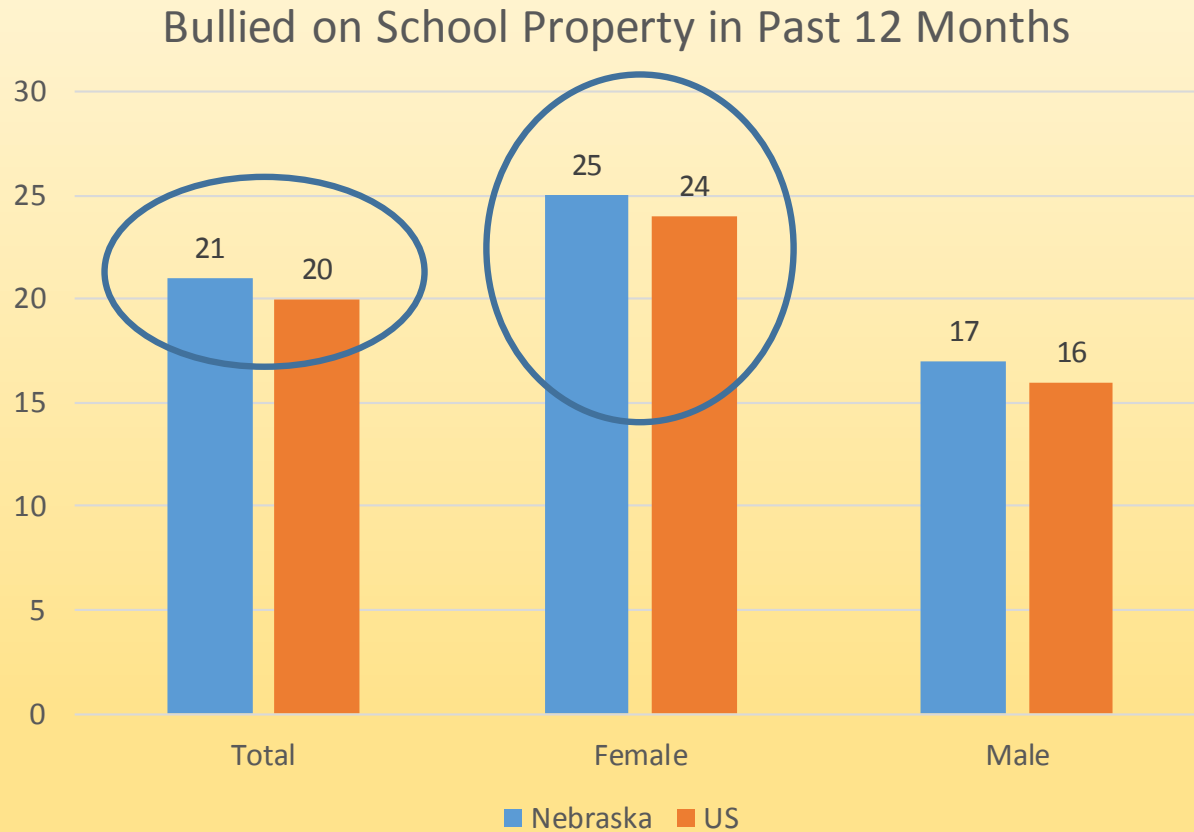
Youth Living in Supportive Neighborhoods



Youth With 1+ Adult Mentor-Like Relationship in School, Neighborhood, or Community

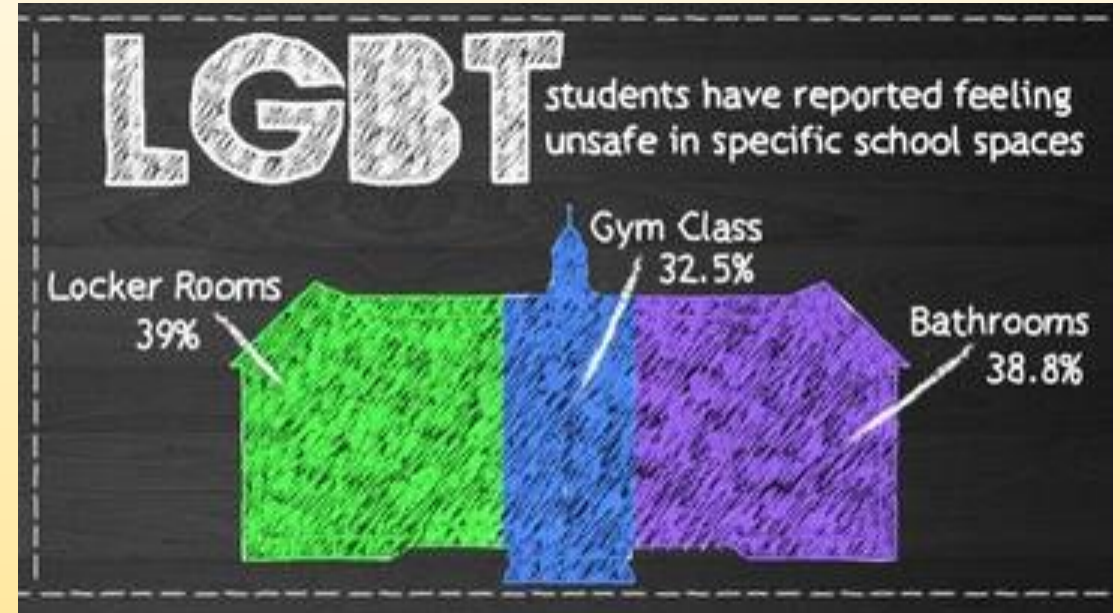


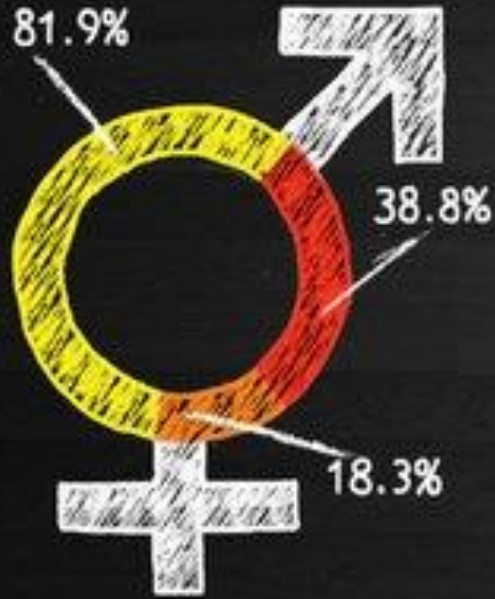
Bullying in Nebraska



Data from: 1991-2013 High School Youth Risk Behavior Surveillance System

THE EFFECTS OF BULLYING ON LGBT YOUTH





LGBT STUDENTS
 have reported being verbally harassed, physically harassed, and physically assaulted at school because of their sexual orientation

LGBT STUDENTS
 have reported being verbally harassed, physically harassed, and physically assaulted at school because of their gender expression



SIX OUT OF TEN

LGBT students feel unsafe at school because of their sexual orientation



FOUR OUT OF TEN

LGBT students feel unsafe at school because of their gender expression



KELI ALEX

Special Populations

Juvenile justice system. There were about 1.5 million juvenile delinquency cases in 2009,¹³ and nearly 1.7 million youth between the ages 10-17 were arrested in 2010.¹⁴

Foster care. In 2012, about 44 percent of the nearly 400,000 children in foster care in the United States were between ages of 10-20.¹⁵

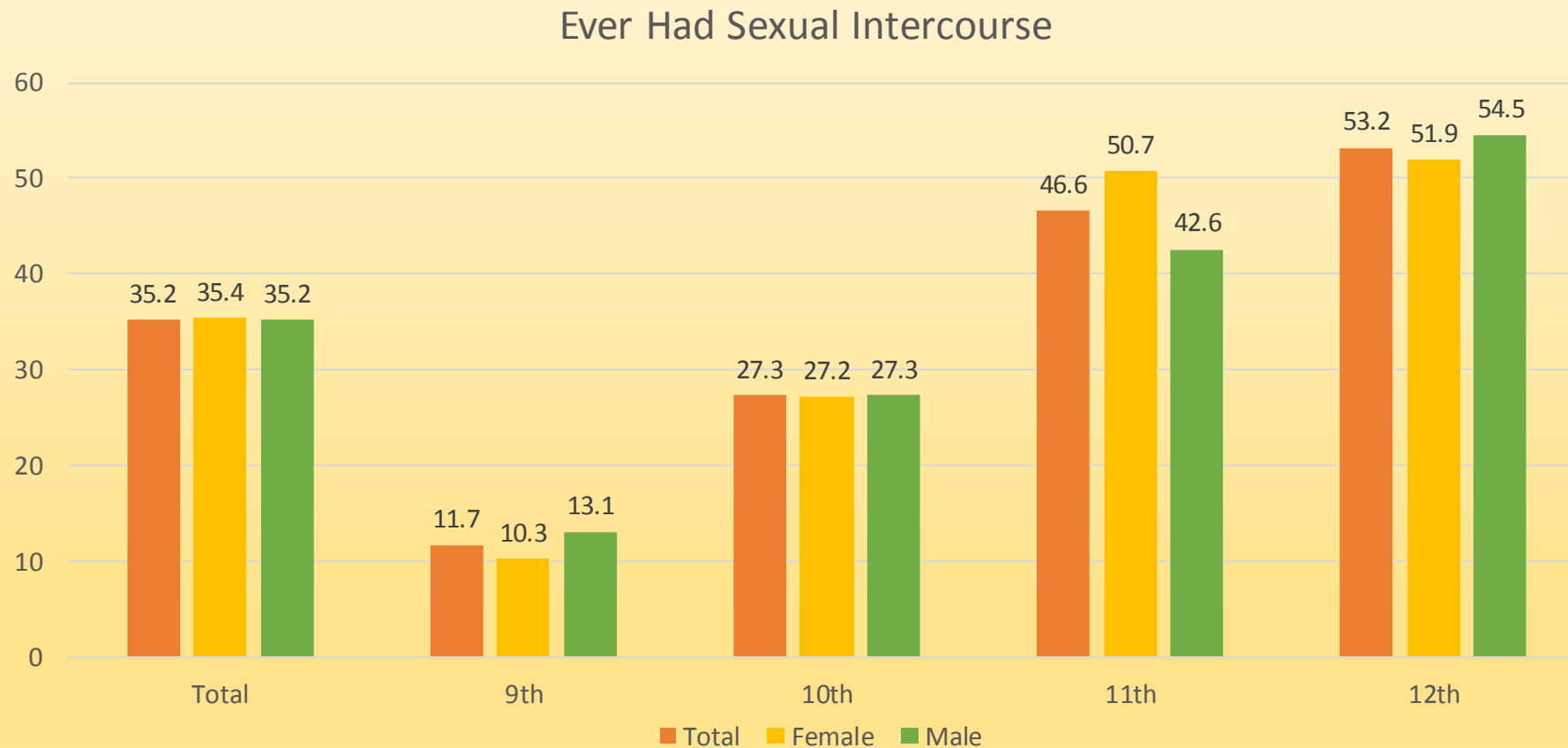
Lesbian, gay, bisexual, transgender and questioning adolescents. Among adolescents ages 18-19, just under eight percent of females and just under three percent of males identified as homosexual or bisexual in 2008.¹⁶

Homeless. In the 2010-2011 school year, about one million students between the ages 6-18 were homeless.¹⁷

Disabilities. Among youth under the age of 18, adolescents ages 12-17 have the highest prevalence of special health care needs (18 percent). A higher percentage of males under the age of 18 are estimated to have special healthcare needs than females (17 percent versus 13 percent).¹⁸

- These youth may need special support and attention to their health and development.
- These circumstances also make having healthy relationships potentially challenging.

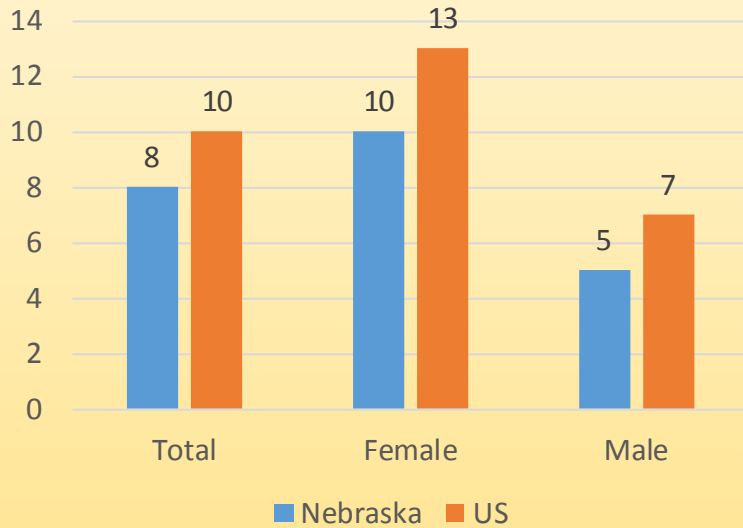
Dating and Sexual Behavior in Nebraska



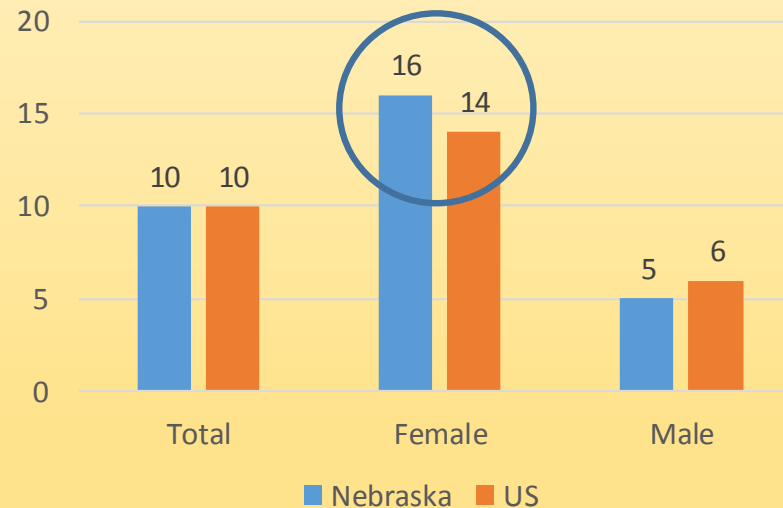
Data from: 1991-2013 High School Youth Risk Behavior Surveillance System

Dating and Sexual Behavior in Nebraska

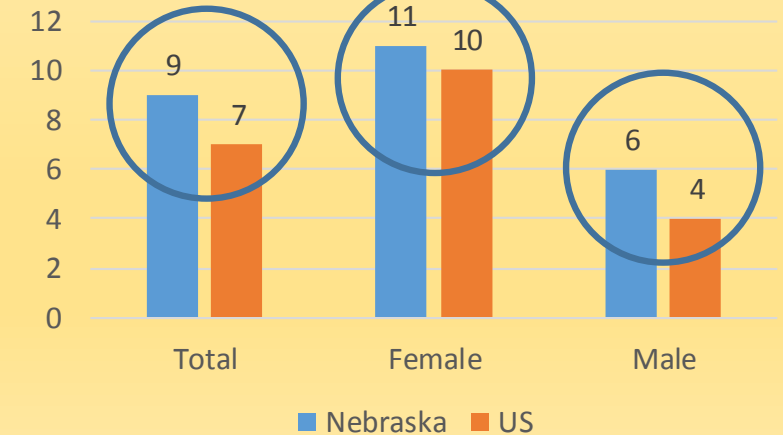
Experienced Dating Violence
in the Past 12 Months



Experienced Sexual Dating
Violence in the Past 12 Months



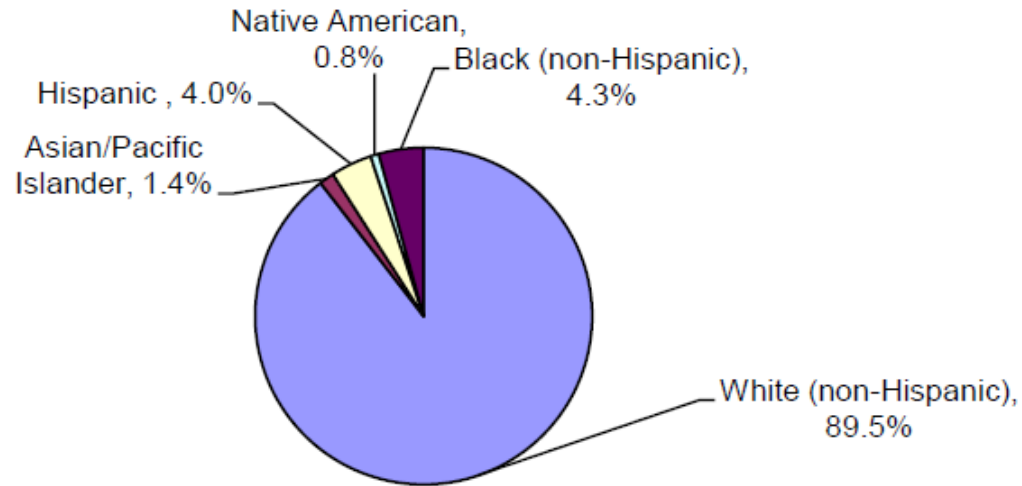
Ever Physically Forced to have
Sexual Intercourse



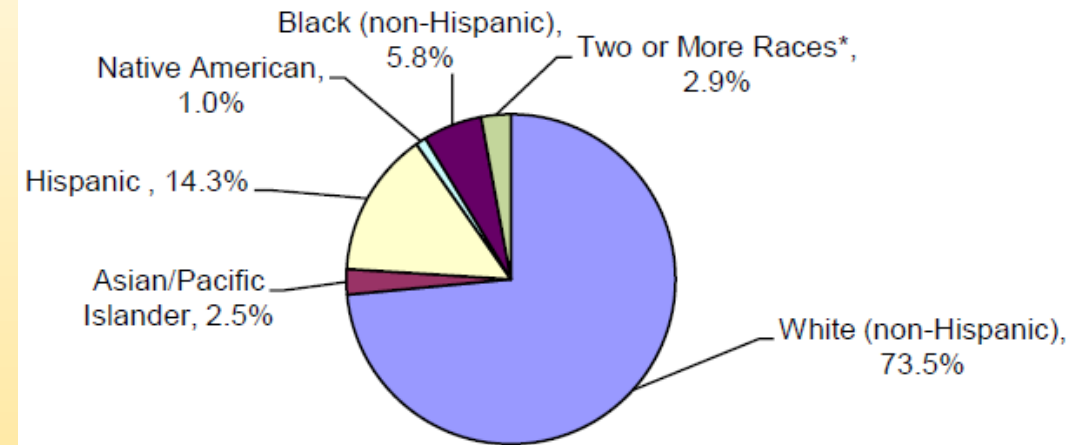
Data from: 1991-2013 High School Youth Risk Behavior Surveillance System

By Race/Ethnicity: Actual and Projected Percentages of Nebraska Public High School Graduates

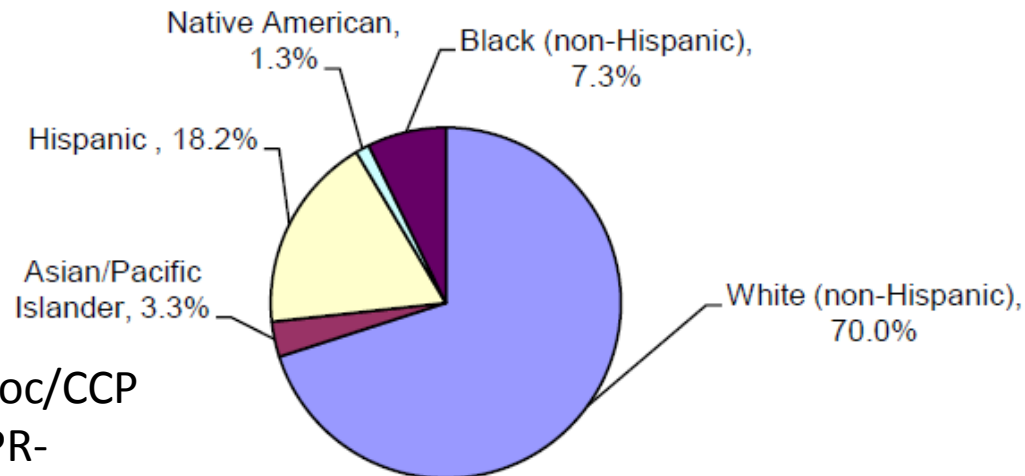
Actual Percentages of Graduates: 2002–2003 Baseline



Actual Percentages of Graduates: 2013–2014



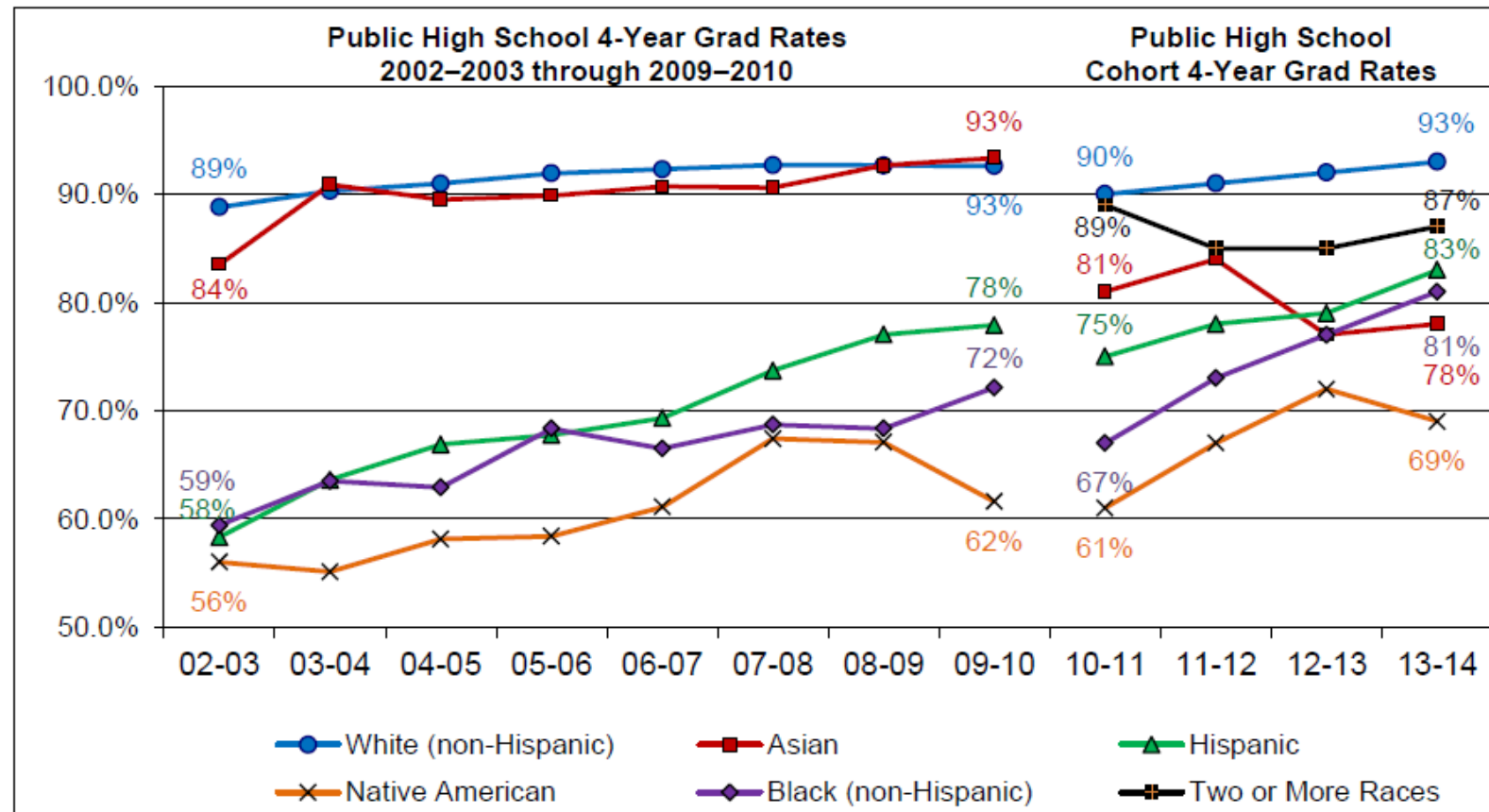
Projected Percentages of Graduates: 2023–2024



Source:
http://www.ccpe.state.ne.us/PublicDoc/CCPE/reports/progressReport/2015/15_PR-Full_Report.pdf

Figure 1.1.a.7

**By Race/Ethnicity: Nebraska Public High School Four-Year Graduation Rates
2002–2003 through 2009–2010 and the Nebraska Public High School
Cohort Four-Year Graduation Rates for 2010–2011 through 2013–2014**



Note. Asian includes Pacific Islanders in the rates for 2002–2003 through 2009–2010. Cohort graduation rates are not shown for Native Hawaiians and other Pacific Islanders. Graduation rates for multiracial students are not available prior to 2010–11. See [Table A3.1](#) and [Table A3.3](#) in [Appendix 3](#) for supporting data. Data source: Nebraska Department of Education, December 2007 for 2002–03 through 2005–06 data, January 2009 for data for 2006–07, February 2010 for 2007–08 data, February 2011 for 2008–09 and 2009–10 data, and January 2015 for 2010–11 through 2013–14 data.

Meeting Youth “Where They Are”

- Keep the impact of risk and protective factors in mind when working with youth
- Work in ways to increase the positive development of youth
 - Focus on things like:
 - Competence
 - Connection
 - Character
 - Confidence
 - Caring/compassion

“Society isn’t this or that, but rather, the whole collection of activities people engage in; because of that, we shouldn’t force young people into a false choice between society or their activities, but instead, teach them that their activities are actually our activities, as a whole, and that they’re not separate but together with all of us. Together.” – Adam Fletcher

<http://adamfletcher.net/>



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Ground Rules

- Context Matters
 - Where are these conversations taking place?
- Everyone needs to agree to these and be clear on their meaning
- Examples:
 - Only one person speaks at a time
 - Conversations are confidential/private – do not share them with people outside of the group
 - Everyone should have an equal chance to participate in the conversation
 - Everyone's opinion must be respected – no put downs or criticism



Supporting Youth

- Trust and Communication
 - Start by telling them about you
- Provide Opportunities
 - Their experience matters
 - They can help create better systems
 - They are experts in their youth experience
- Confidence:
 - Young people need to understand their personal experience has value and is powerful — they are the expert in their field.
 - “Encourage the youth to **own it**” as that is what qualifies them to speak on the issue.
- Telling Their Story
 - When working with youth
 - Encourage them to develop an elevator speech on their topic or organization and to learn to tell their story.
- Empowerment
 - Be aware of ageist language and embedded perceptions
 - Acknowledge the young person as an equal partner and actively engage them in the dialogue
 - For more information I hope you attended the “Youth Development in Action: Strategies for Engaging and Supporting Older Youth with System-Involvement” session at THIS VERY CONFERENCE!

What is a “Healthy” Relationship?



What is a Healthy Relationship?

Worksheet: CHECK IT OUT! A PERSONAL RELATIONSHIP SURVEY

MY OWN RELATIONSHIP

Directions: For each of the items below, write the number that best describes what you think about a current or past relationship of *yours*. Total your points when you reach the end.

5 = Strongly Agree 3 = Not Sure/Somewhat 1 = Strongly Disagree

In this relationship, we...

1. Remember to call, and meet when we say we will.
2. Never push drinking or drugs on each other.
3. Like each other for exactly who we are.
4. Notice and celebrate special occasions.
5. Enjoy being together, just ourselves, even with no special plans.
6. Work through our disagreements without hurting each other.
7. Feel okay about each of us having other friends of either sex.
8. Tell each other the truth about what we feel and think.
9. Like to do many things together besides being physically affectionate.
10. Seldom embarrass each other, or put each other down.
11. Keep private what we have decided together to keep private.
12. Never cheat on each other.
13. Try not to control each other's lives.
14. Act like the same person whether we are alone or with others.
15. Value our individual goals and interests as much as we value our relationship.
16. Decide together what we will do.
17. Respect each other's decisions about sexual behaviors.

If we have sexual intercourse now, or in the future, we will...

18. Protect ourselves from pregnancy and sexually transmitted infections (STIs).
19. Discuss what we would do if we experienced a pregnancy or STI.
20. Tell each other about any sexual diseases, pregnancies, or children we have had.

TOTAL POINTS

- Where does this relationship fall on the continuum below?
- How do you feel about this relationship?

20 30 40 50 60 70 80 90 100

* The higher the number, the healthier the relationship.

Worksheet: CHECK IT OUT! A PERSONAL RELATIONSHIP SURVEY

A FRIEND'S OR RELATIVE'S RELATIONSHIP

Directions: For each of the items below, write the number that best describes your best *guess* about a *friend's* or *relative's* current or past relationship. Total your points when you reach the end.

5 = Strongly Agree 3 = Not Sure/Somewhat 1 = Strongly Disagree

In this relationship, they...

1. Remember to call, and meet when they say they will.
2. Never push drinking or drugs on each other.
3. Like each other for exactly who they are.
4. Notice and celebrate special occasions.
5. Enjoy being together, just themselves, even with no special plans.
6. Work through their disagreements without hurting each other.
7. Feel okay about each of them having other friends of either sex.
8. Tell each other the truth about what they feel and think.
9. Like to do many things together besides being physically affectionate.
10. Seldom embarrass each other, or put each other down.
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	Core Concepts CC	Analyzing Influences INF	Accessing Information AI	Interpersonal Communication IC	Decision-Making DM	Goal Setting GS	Self-Management SM	Advocacy ADV
HEALTHY RELATIONSHIPS								
By the end of the 12 th grade, students should be able to:	Evaluate the potentially positive and negative roles of technology and social media in relationships HR.12.CC.4						Describe strategies to use social media safely, legally and respectfully HR.12.SM.2	
	Describe characteristics of healthy and unhealthy romantic and/or sexual relationships HR.12.CC.1	Explain how media can influence one's beliefs about what constitutes a healthy sexual relationship HR.12.INF.1	Demonstrate how to access valid information and resources to help deal with relationships HR.12.AI.1	Demonstrate effective strategies to avoid or end an unhealthy relationship HR.12.IC.1				
	Describe a range of ways to express affection within healthy relationships HR.12.CC.2							
	Define sexual consent and explain its implications for sexual decision-making HR.12.CC.3	Analyze factors, including alcohol and other substances, that can affect the ability to give or perceive the provision of consent to sexual activity HR.12.INF.2		Demonstrate effective ways to communicate personal boundaries as they relate to intimacy and sexual behavior HR.12.IC.2			Demonstrate respect for the boundaries of others as they relate to intimacy and sexual behavior HR.12.SM.1	

- Developed for National Sexuality Education Standards by the Future of Sex Education (FoSE)

Consent

Permission for something to happen or agreement to do something

- Discuss consent in ways that have nothing to do with sexuality
- Discuss youth's right to speak up – their body and voice should be respected
- When to discuss “consent”?
 - [National Sexuality Education Standards](#)



Consent

- Discuss consent in ways that have nothing to do with sexuality
- Discuss youth's right to speak up – their body and voice should be respected
- When to discuss “consent”?
 - [National Sexuality Education Standards](#)



The screenshot shows the homepage of the Date Safe Project website. The header features a dark blue banner with the text "AS SEEN ON MY KID WOULD NEVER DO THAT" and "DATELINE". Below this, the main navigation bar includes links for "HOME", "ABOUT", "BLOG", "STORE", "PAST RADIO SHOWS", "RESOURCES", and "CONTACT US". The main content area is titled "THE school assembly for creating positive change!" and describes the program as both entertaining and life-changing. It lists three key areas of focus: Healthy Relationships, Respecting Boundaries & Consent, and Bystander Intervention. A sidebar on the right promotes a "POSTER CLEARANCE" sale. The footer contains a testimonial from a school assembly.

AS SEEN ON **MY KID WOULD NEVER DO THAT** DATELINE

YOUR KIDS, DATING, SEXUAL INTIMACY, AND BEING SAFE...
What every parent needs to know.
▶ Concerned after watching? Explore how Date Safe Project can help.

DATE SAFE PROJECT

K12 PROGRAM HOME ABOUT BLOG STORE PAST RADIO SHOWS RESOURCES CONTACT US

THE school assembly for creating positive change!
Is your school and community looking for an educational program that is both Entertaining and Life Changing - while also **providing your students needed SKILLS** for addressing:

- Healthy Relationships (and reducing Dating Violence)
- Respecting Boundaries & Consent
- Bystander Intervention (Intervene in dangerous alcohol situations)
- Supporting Survivors of Sexual Assault

When it comes to dating, decision making, sex, drinking, sexual assault, and the safety of teens, how do you find the right school assembly to best **protect your middle school and high school students**? Do you want an expert and author who is going to have your students rolling in the aisles from laughter and then just minutes later have the audience completely mesmerized in silence as he shares the personal story of his sister's rape?

More important, are you looking for an expert who will **help your students take positive, important actions** upon leaving the presentation?

POSTER CLEARANCE
Eye-catching posters provoke males and females to make positive changes in their lives!
Up to 40% OFF plus 2 for 1..Click [HERE](#) for details

"The 'Can I Kiss You?' program could not have been more well-targeted and eye-opening for our students. You were definitely the **talk of the school for the next few days**. Your presentation informed my students, and not only..."

Consent and Other “Touchy” Subjects



“Sex is like boxing. If one of the parties didn't agree to participate, the other one is committing a crime.”
John Oliver

Slate

This needs to be a poster plastered everywhere in all of the high schools and middle schools in America.

#speak #consent #rainn

89,295 notes

KIMCHI CUDDLES.COM

#484 “Relationship Consent”

You can not give consent about someone else's body:

I don't consent to you being with your boyfriend anymore! Dump him!!

You can only give consent about your own body:

I feel really uncomfortable about you sleeping with that person, so I don't consent to being in relationship with you anymore.

Consent can not come from FORCE or COERCION:

You AREN'T ALLOWED to leave me!! you promised to be with me forever! you need to just accept what I'm doing and be happy about it all

Consent is only happening when everyone truly wants to be doing what they're doing together:

It's not always easy, but I want to work with what comes up for me in this relationship.

I feel jealous about you but I want us ALL to be happy!

2015 7/17/17

Find KIMCHI CUDDLES on FB + Patreon!

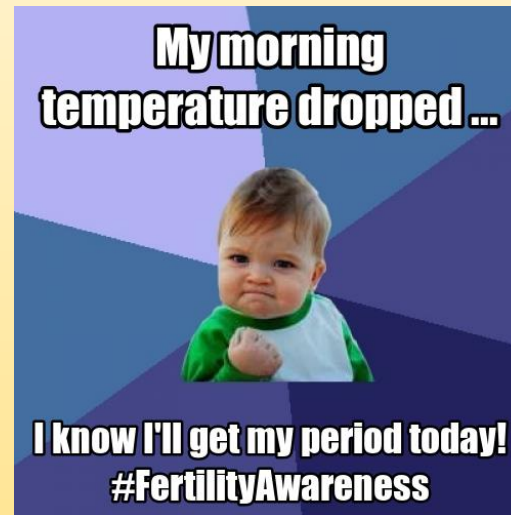
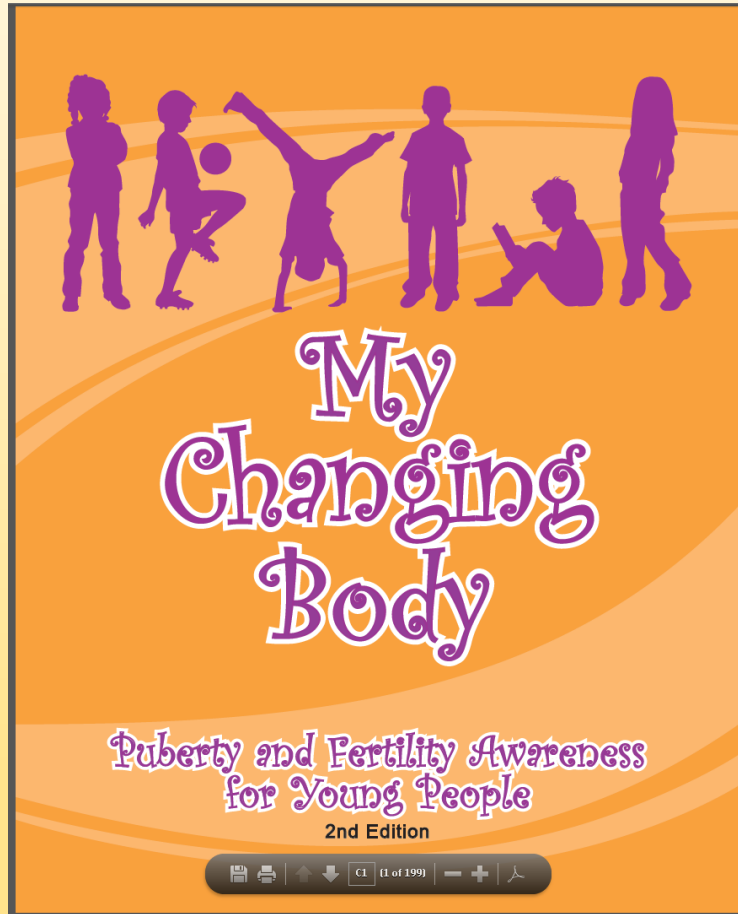
I've noticed that a lot of people struggle with understanding what consent means in the context of a poly relationship. Here's something that might help!

Support Kimchi + get original artwork!
<https://www.patreon.com/kimchicuddles>



The Importance of Body Literacy

Biologically
and Socially



THE CYCLESMAK KIT



- Includes CycleBeads and a simple, factual brochure about puberty and fertility.
- May be supplemented with other materials as needed
- Is designed to help **adolescents, ages 10 to 14**, develop fertility awareness and body literacy
- Helps **parents, teachers, health providers, peer-educators and others** talk to young girls and boys

Good resource: (My Changing Body): http://irh.org/wp-content/uploads/2013/04/My_Changing_Body-Eng_FEB_2012.pdf

CONSENT

IT'S SIMPLE AS TEA



Worksheet: WARNING SIGNALS

Directions: A healthy relationship is *honest, equal, responsible, and respectful*. Some people have identified the behaviors listed in the chart below as *warning signs* that a relationship is *not* honest, equal, responsible, and respectful. Check what *you* would probably do in each of the following situations.

IMAGINE YOUR PARTNER:	YOU WOULD PROBABLY:		
	Do nothing	Discuss relationship/try to change behavior	End relationship
1. Makes negative comments about your clothes, body, or hair.			
2. Turns out to be much older — or younger — than s/he told you s/he was.			
3. Always decides where you will go together.			
4. Makes you hide things from your friends.			
5. Puts you down in public.			
6. Accuses you of fooling around with someone when you are not.			
7. Calls and turns up unexpectedly in order to check up on you.			
8. Ignores what you want to do.			
9. Lays a guilt trip on you when you go out with friends or family.			
10. Keeps you away from your family.			
11. Hits you and then apologizes.			
12. Refuses to use a condom.			
13. Will not let you get or use protection.			
14. Demands you have intercourse when you do not want to.			
15. Refuses to get tested for a sexually transmitted infection.			

Unequal Partners

Shop by Department ▾

Your Amazon.com

Today's Deals

Gift Cards

Sell

Help

Hello. Sign in Your Account ▾

Try Prime ▾

Wish List ▾

0

Cart

Books Advanced Search New Releases Best Sellers The New York Times® Best Sellers Children's Books Textbooks Textbook Rentals Sell Us Your Books Best Books of the Month Deals in Books

Books › Self-Help › Relationships



Unequal Partners: Teaching About Power and Consent in Adult-Teens and Other Relationships

Paperback – March 1, 2007

by [Sue Montfort](#) ▾ (Author), [Peggy Brick](#) ▾ (Author)

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Paperback

\$65.07

14 Used from

\$36.74

3 New from

\$65.07

This manual helps educate young people to make healthy decisions about relationships, especially those involving the power imbalances that can occur when there are significant age differences.




It includes 30 interactive lessons for use with young people ages 10-17 to help them:

- * identify characteristics of relationships which are honest, equal and responsible
- * rehearse skills for asserting their relationship rights practice responding to a variety of situations

▾ [Read more](#)



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Meeting Youth “Where They Are”

- When youth are in unhealthy relationships we can...
 - Get engaged in their world
 - Drugs
 - Alcohol
 - Video games
 - Older boyfriend/girlfriend
 - Gangs
 - Rock n roll
 - Work to understand their point of view
 - Use peers/activities to discuss what a healthy relationship is and challenge their misconceptions
 - Acknowledge and encourage opportunities available to youth
 - Learning, teaching, and leadership opportunities
 - Mentor students

Today's Objectives

- Discuss the importance of providing youth with support to explore and navigate healthy relationships
- Discuss safe environments for the discussion of healthy relationships
- **Discuss tools to use when having conversations with youth about healthy relationships**
- Identify concepts to address when discussing healthy relationships with youth



Tools for Discussing Healthy Relationships

- Office of Adolescent Health – Healthy Relationships - <http://www.hhs.gov/ash/oah/adolescent-health-topics/healthy-relationships/>
 - Info for practitioners, parents, effective mentoring, etc.



Tools for Discussing Healthy Relationships

Awesomesauce

U.S. Department of Health & Human Services

www.hhs.gov

OFFICE OF ADOLESCENT HEALTH
CELEBRATING 5 YEARS

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Healthy Relationships

During adolescence, young people learn how to form safe and healthy relationships with friends, parents, teachers, and romantic partners. Both boys and girls often try on different identities and roles during this time, and relationships contribute to their development. Peers, in particular, play a big role in identity formation, but relationships with caring adults – including parents, mentors or coaches – are also important for adolescent development. Often, the parent-adolescent relationship is the one relationship that informs how a young person handles other relationships.

MORE »

in HEALTHY RELATIONSHIPS

- Dating
- Bullying
- LGBT
- Dating Violence
- Healthy Friendships
- Talking with Teens
- In the States

RESOURCES

A Practitioner's Resource Guide: Helping Families to Support Their LGBT Children
Download PDF

HEALTHY RELATIONSHIPS IN THE STATES

ADOLESCENT HEALTH TOPICS

- Reproductive Health
- Mental Health

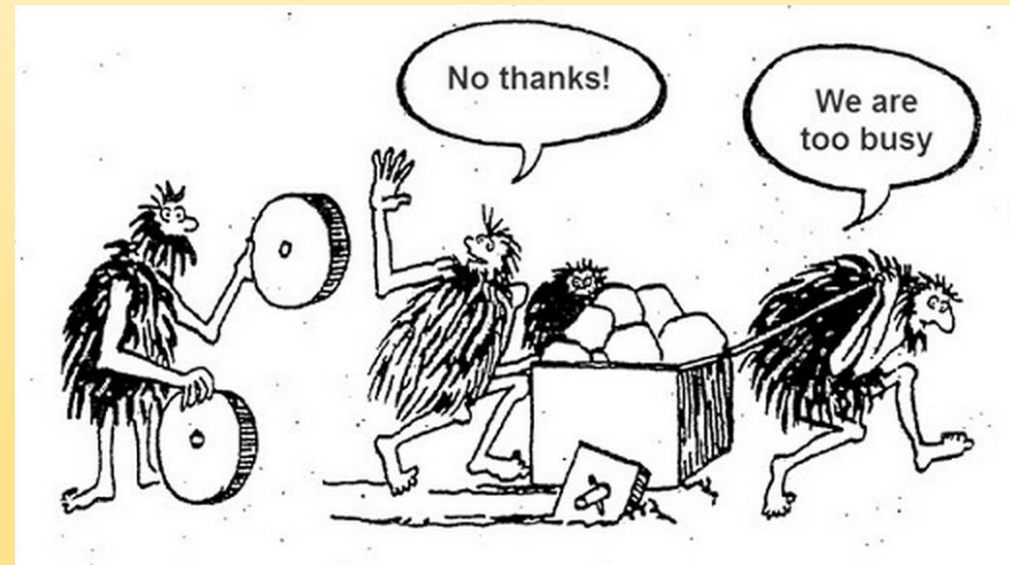
Tools for Discussing Healthy Relationships

- The Consensual Project - <http://www.theconsensualproject.com/vision>
- Unequal Partners: Teaching about Power and Consent in Adult-Teen and Other Relationships by Sue Montfort and Peggy Brick
- The Date Safe Project - <http://www.datesafeproject.org/>

Tools for Discussing Healthy Relationships

- Utilize your local resources
 - Local after school programs
 - School nurses
 - Local clubs, organizations, etc.
 - Church facilities
 - Volunteer organizations
 - Local clinics
 - Family planning clinics
 - Local doctor's offices

- BUILD your own local resources
- Network with others



Practical Relevance

How can YOU use these tools and strategies in your current role?

How can you work with teens to encourage healthy relationships?

Today's Objectives

- Discuss the importance of providing youth with support to explore and navigate healthy relationships
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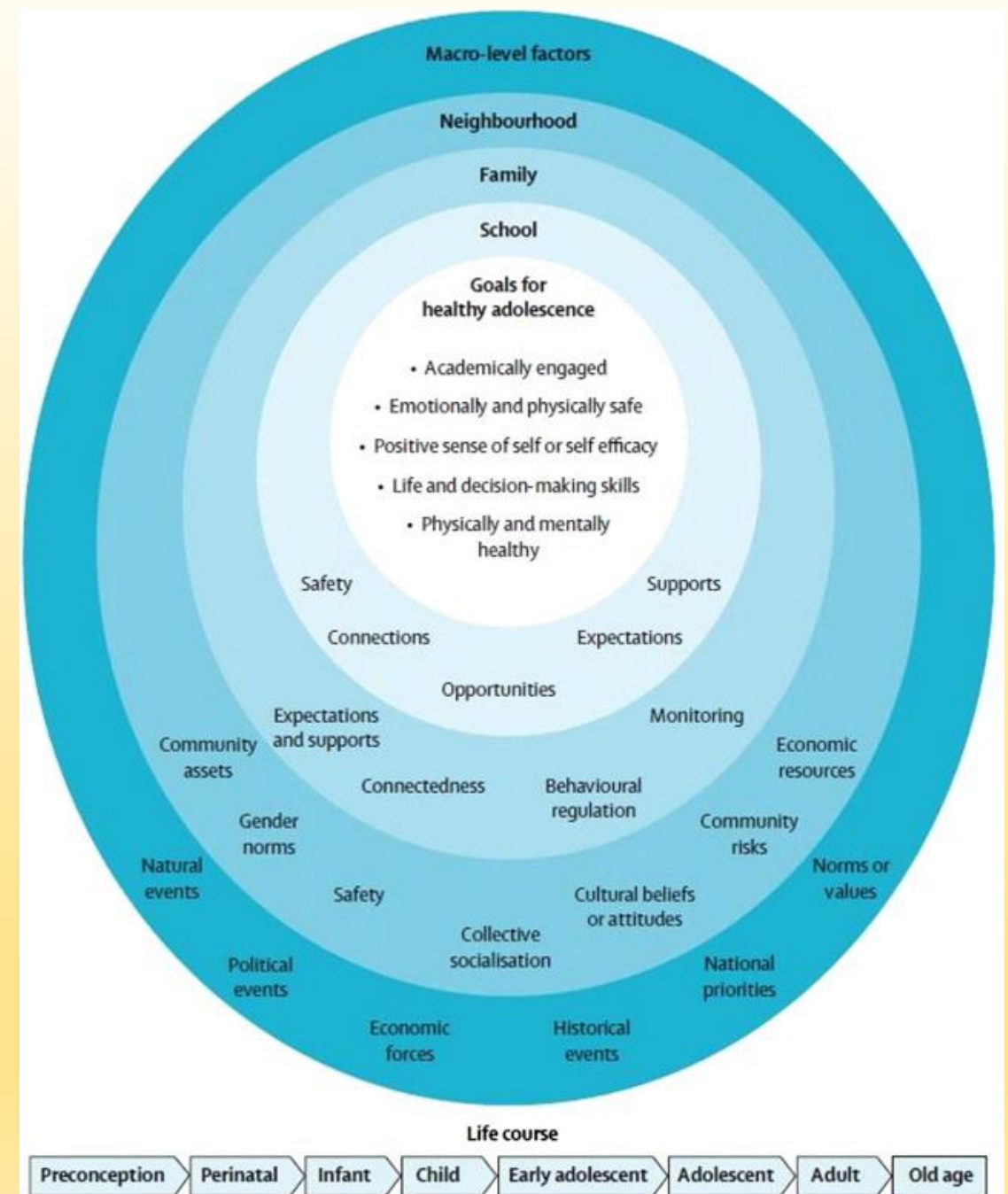


Concepts to Discuss with Youth Regarding Healthy Relationships

- Bullying
- Long Term Goals
- Technology
- LGBTQ and Sexual Orientation
- Families
 - Expectations from Family
 - Expectations for Future Family
- Dating Violence
- Power
- Age Differences (Sex and Laws)
- Peers
- Consent
- Social Media
- Asking for Help
- Drugs/Alcohol

Framing Discussions with Youth

- Youth are not problems to be fixed
- Choices are not made in a vacuum
- Youth have agency and power
 - If you dream it, you can do it!
- Context matters



Questions & Comments?

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